

SERFF Tracking Number:	LAF-126750824	State:	Arkansas
Filing Company:	The Lafayette Life Insurance Company	State Tracking Number:	46373
Company Tracking Number:			
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Statement of Continued Good Health and Continued Insurability		
Project Name/Number:	/		

Filing at a Glance

Company: The Lafayette Life Insurance Company

Product Name: Statement of Continued Good Health and Continued Insurability

TOI: L08 Life - Other

SERFF Status: Closed-Approved-Closed

State Tr Num: 46373

Sub-TOI: L08.000 Life - Other

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Osra Twomey

Disposition Date: 08/05/2010

Date Submitted: 08/02/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 07/26/2010

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/05/2010

Explanation for Other Group Market Type:

State Status Changed: 08/05/2010

Deemer Date:

Created By: Osra Twomey

Submitted By: Osra Twomey

Corresponding Filing Tracking Number:

Filing Description:

August 2, 2010

Department of Insurance State of Arkansas

RE: INDIVIDUAL LIFE FORM FILING SUBMISSION

Statement of Continued Good Health and Continued Insurability

Form: 1102 6/10

SERFF Tracking Number: LAFA-126750824 State: Arkansas
Filing Company: The Lafayette Life Insurance Company State Tracking Number: 46373
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Statement of Continued Good Health and Continued Insurability
Project Name/Number: /
The Lafayette Life Insurance Company, NAIC: 65242, FEIN: 35-0457540

Enclosed for your consideration and approval is a duplicate copy of the above-captioned Statement of Continued Good Health and Continued Insurability. This form is being forwarded to you in order to replace Statement of Good Health and Insurability, form 1102 3/93, which was approved in your state on 5/06/97.

The Statement of Continued Good Health and Continued Insurability, form 1102 6/10, is an updated version of the Statement of Good Health and Insurability, form 1102 3/93. For example, signature lines have been added, as well as Lafayette Life's contact information. The revisions to the form were approved for use in our domiciliary state, Indiana, on 7/26/10.

As always, we look forward to hearing from you at your earliest convenience and thank you for your time and consideration in reviewing this submission.

Sincerely,

Osra Twomey
Legal Assistant
Email: osra.twomey@llic.com
Telephone: 765-477-3328

Company and Contact

Filing Contact Information

Osra Twomey, Legal Assistant I
1905 Teal Road
Lafayette, IN 47905

osra.twomey@llic.com
765-477-3328 [Phone]

Filing Company Information

The Lafayette Life Insurance Company	CoCode: 65242	State of Domicile: Indiana
PO Box 7007	Group Code: 836	Company Type: Life and Annuity
Lafayette, IN 47903	Group Name:	State ID Number:
(800) 443-8793 ext. 3417[Phone]	FEIN Number: 35-0457540	

Filing Fees

<i>SERFF Tracking Number:</i>	<i>LAF-126750824</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Lafayette Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46373</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Statement of Continued Good Health and Continued Insurability</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	\$50.00 per form
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lafayette Life Insurance Company	\$50.00	08/02/2010	38459701

SERFF Tracking Number:	Lafa-126750824	State:	Arkansas
Filing Company:	The Lafayette Life Insurance Company	State Tracking Number:	46373
Company Tracking Number:			
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Statement of Continued Good Health and Continued Insurability		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/05/2010	08/05/2010

SERFF Tracking Number: *LAFA-126750824* *State:* *Arkansas*
Filing Company: *The Lafayette Life Insurance Company* *State Tracking Number:* *46373*
Company Tracking Number:
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *Statement of Continued Good Health and Continued Insurability*
Project Name/Number: /

Disposition

Disposition Date: 08/05/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>LAFA-126750824</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Lafayette Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46373</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Statement of Continued Good Health and Continued Insurability</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Submission Letter		Yes
Form	Statment of Continued Good Health and Continued Insurability		Yes

SERFF Tracking Number: LAFA-126750824 State: Arkansas

Filing Company: The Lafayette Life Insurance Company State Tracking Number: 46373

Company Tracking Number:

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Statement of Continued Good Health and Continued Insurability

Project Name/Number: /

Form Schedule

Lead Form Number: 1102 6/10

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	1102 6/10	Other	Statment of Continued Good Health and Continued Insurability	Revised	Replaced Form #: 1102 3/93 Previous Filing #: 1102 3/93	0.000	Statement of Good Health and Continued Insurability 7 12 10.pdf



**Lafayette Life
Insurance Company**

A member of Western & Southern Financial Group

**STATEMENT OF CONTINUED GOOD HEALTH AND CONTINUED INSURABILITY
("Health Statement")**

Policy No. _____

It is hereby agreed and understood that this Health Statement hereby amends the application for insurance submitted to **THE LAFAYETTE LIFE INSURANCE COMPANY** ("Lafayette Life") on the life of _____, the proposed insured,* which application was dated _____.

It is hereby stated that all statements made in the application for insurance are true and complete as of the application date noted above and that since the date of the application:

- (1) there have been no changes in the proposed insured's* health or in the health of any other person proposed for insurance;** **AND**,
- (2) no application for insurance on the life of any Proposed Insured, which may have been pending with any other insurance company, has been declined, postponed or issued other than as originally applied for; **AND**,
- (3) no application for insurance on the life of any Proposed Insured has been submitted to another insurance company; **AND**,
- (4) none of the Proposed Insureds has: (a) been treated or sought treatment from or been examined by any physician or other medical practitioner or medical provider; (b) been treated or sought treatment at any hospital or clinic; or (c) been diagnosed with or treated for any medical condition which was not disclosed on the application; **AND**,
- (5) no event or circumstances have occurred since the date of the application which may affect the insurability of any Proposed Insured.

IF ANY EXCEPTIONS EXIST, GIVE FULL DETAILS BELOW (INCLUDING DATES, NAME(S) AND ADDRESS(ES) OF ALL PHYSICIANS, MEDICAL PRACTITIONERS, OR MEDICAL PROVIDERS). BE SPECIFIC AS TO WHOM SUCH INFORMATION RELATES.

EXCEPTIONS: _____

IF ANY EXCEPTION IS NOTED, THE POLICY CANNOT BE DELIVERED AND MUST BE RETURNED TO LAFAYETTE LIFE. NO INSURANCE WILL BE IN FORCE ON THE LIFE OF ANY PROPOSED INSURED UNLESS AND UNTIL ALL THE OTHER TERMS AND CONDITIONS FOR COVERAGE ARE MET AND LAFAYETTE LIFE HAS APPROVED THIS HEALTH STATEMENT IN A WRITING SIGNED BY ITS CHIEF UNDERWRITER WHICH IS DELIVERED TO THE POLICYOWNER WHILE ALL PROPOSED INSUREDS ARE STILL ALIVE. A FAXED OR ELECTRONICALLY TRANSMITTED SIGNED DOCUMENT TO LAFAYETTE LIFE HAS THE SAME LEGAL FORCE AND EFFECT AS THE ORIGINAL SIGNED DOCUMENT AND, ONCE RECEIVED, IS THE CONTROLLING DOCUMENT.

* proposed insured, as used here, refers to the primary person named as insured on the application as opposed to another person proposed to be insured as, for example, a spouse insured or a child insured.

** the proposed insured and any other person(s) proposed for insurance may be referred to globally as "Proposed Insureds" or "Proposed Insured."

Signed at _____, _____ this _____ day of _____ year _____

Witness Signature

Signature of Proposed Insured
(Age 15 & Up)

Signature of Proposed Insured Spouse/SPO/
Payor

Printed Name of Witness

Signature of Parent (Juvenile Policy Only)

Signature of Policyowner

Form 1102 6/10

The Lafayette Life Insurance Company
1905 Teal Road
Lafayette, Indiana 47905
Toll Free: 1-800-243-6631
www.lafayettelife.com

SERFF Tracking Number:	Lafa-126750824	State:	Arkansas
Filing Company:	The Lafayette Life Insurance Company	State Tracking Number:	46373
Company Tracking Number:			
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Statement of Continued Good Health and Continued Insurability		
Project Name/Number:	/		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item:	Submission Letter	
Comments:		
Attachment:		
Statement of Good Health Revision Cover Letter AR.pdf		



1905 Teal Road • P.O. Box 7007 • Lafayette, Indiana 47903
1-800-443-8793 • (765) 477-7411 • www.lafayettelife.com

Osra Twomey
Legal Assistant
Telephone: 765-477-3328
Fax: 765-477-3212
Toll Free 1-800-443-8793 ext.3327

August 2, 2010

Department of Insurance State of Arkansas

RE: INDIVIDUAL LIFE FORM FILING SUBMISSION
Statement of Continued Good Health and Continued Insurability
Form: 1102 6/10

The Lafayette Life Insurance Company, NAIC: 65242, FEIN: 35-0457540

Enclosed for your consideration and approval is a duplicate copy of the above-captioned Statement of Continued Good Health and Continued Insurability. This form is being forwarded to you in order to replace Statement of Good Health and Insurability, form 1102 3/93, which was approved in your state on 5/06/97.

The Statement of Continued Good Health and Continued Insurability, form 1102 6/10, is an updated version of the Statement of Good Health and Insurability, form 1102 3/93. For example, signature lines have been added, as well as Lafayette Life's contact information. The revisions to the form were approved for use in our domiciliary state, Indiana, on 7/26/10.

As always, we look forward to hearing from you at your earliest convenience and thank you for your time and consideration in reviewing this submission.

Sincerely,

Osra Twomey
Legal Assistant
Email: osra.twomey@llic.com
Telephone: 765-477-3328